EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

ΑI	For the	e 2014 calendar year, or tax year beginning	and	ending						
В	Check if applicable	C Name of organization			D Employer identifi	cation number				
	Addres		IATION							
	Name change	Doing business as			95-4	001717				
	Initial return	Number and street (or P.O. box if mail is not delive	,	Room/suite	E Telephone numbe					
	Final return/ termin	_			(213	-				
	ated Amend	City or town, state or province, country, and Zl	P or foreign postal code		G Gross receipts \$	2,002,040.				
F	⊥lreturn □Applic	DOS ANGEDES, CA 900ZI	בו א סבאסט		H(a) Is this a group re					
	⊥tiön pendir	SAME AS C ABOVE	EL K. DEAKD		for subordinates H(b) Are all subordinates in					
$\overline{}$	Tay.ey	empt status: 501(c)(3) X 501(c) (6)	(insert no.) 4947(a)(1)	or 527	-l ` ′	list. (see instructions)				
		e: NWW.CENTRALCITYEAST.ORG		01 027	H(c) Group exemptio	,				
		organization: Corporation Trust X Asso		L Year		1 State of legal domicile: CA				
	art I	Summary		•						
-	1	Briefly describe the organization's mission or most si	gnificant activities: TO I	MPROVE	CENTRAL CI	TY EAST				
Governance		NEIGHBORHOOD CONDITIONS.								
ern	1	Check this box 🕨 📖 if the organization disconti			l I					
<u>3</u> 6		Number of voting members of the governing body (P			3	10				
8		Number of independent voting members of the gove				10				
Activities &		Total number of individuals employed in calendar year				11				
ξį		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, colu				0.				
¥		Net unrelated business taxable income from Form 99				0.				
_	-	Tet difference business taxable moome from 1 om 35	70 1, IIIIC 04		Prior Year	Current Year				
ø)	8	Contributions and grants (Part VIII, line 1h)			25,000.	24,000.				
ğ		Program service revenue (Part VIII, line 2g)			2,544,913.	1,973,488.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, a			2,744.	4,552.				
—		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			0.	0.				
		Total revenue - add lines 8 through 11 (must equal Pa			2,572,657.	2,002,040.				
		Grants and similar amounts paid (Part IX, column (A),			0.	0.				
		Benefits paid to or for members (Part IX, column (A),			0. 581,034.	0.				
ses	15	Salaries, other compensation, employee benefits (Pa			0.	347,730.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line		0.	0.	0.				
Ř	17	Total fundraising expenses (Part IX, column (D), line 2 Other expenses (Part IX, column (A), lines 11a-11d, 1			2,295,215.	1,837,848.				
		Total expenses. Add lines 13-17 (must equal Part IX,			2,876,249.					
		Revenue less expenses. Subtract line 18 from line 12			-303,592.	-183,538.				
or				Ве	ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			561,610.	391,229.				
t As	21	Total liabilities (Part X, line 26)			73,381.	86,538.				
		Net assets or fund balances. Subtract line 21 from lin	ne 20		488,229.	304,691.				
	art II	Signature Block								
		Ities of perjury, I declare that I have examined this return, inc				y knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer)	is based on an imormation of wi	nich preparei	lias any knowledge.					
Sig	n	Signature of officer			I Date					
Hei		RAQUEL K. BEARD, EXECUTIVE DIRECTOR								
	•	Type or print name and title								
		Print/Type preparer's name P	reparer's signature		Date Check	PTIN				
Pai	d	KENNETH COELHO	· 		if self-employ					
	parer	Firm's name ARMANINO LLP			Firm's EIN ▶ 94-6214841					
Use	Only	Firm's address 11766 WILSHIRE BL				0 450 4446				
		LOS ANGELES, CA 9			Phone no.31	0-478-4148				
Ma	v the IF	RS discuss this return with the preparer shown above	e? (see instructions)			X Yes No				

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE CENTRAL CITY EAST ASSOCIATION (CCEA) IS A NOT-FOR-PROFIT BUSINESS
	ORGANIZATION REPRESENTING COMMERCIAL PROPERTY OWNERS IN THE EASTERN
	PORTION OF DOWNTOWN LOS ANGELES. CCEA ALSO ADMINISTERS THE DOWNTOWN
	INDUSTRIAL BUSINESS IMPROVEMENT DISTRICT. BIDS ARE FUNDED BY
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	TO PROVIDE ADDITIONAL SECURITY TO THE NEIGHBORHOOD TO SUPPORT POLICE
	AND PROPERTY OWNER CRIME PREVENTION EFFORTS.
4b	(Code:) (Expenses \$
	TO IMPROVE THE APPEARANCE OF THE DISTRICT BY PROVIDING MAINTENANCE
	SERVICES TO INCREASE THE FREQUENCY OF LITTER, DEBRIS, AND GRAFFITI
	REMOVAL.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	THEY DO THIS BY INITIATING PROGRAMS TO SPUR LOCAL BUSINESS INVESTMENT,
	KEEPING STAKEHOLDERS INFORMED OF BUSINESS-RELATED LEGISLATION, AND BY
	PROMOTING THE DISTRICT VIA WEBSITE AND NEWSLETTERS.
4d	Other program services (Describe in Schedule O.)
-t u	
4e	
46	Total program service expenses ►

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		_	Ω	(004.4)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			\ _{3,7}
	Schedule K. If "No", go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	OEh		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
ZI	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,.	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Page No No Page No No Page P		Check if Schedule O contains a response or note to any line in this Part V				
b Enter the number of Forms W26 included in line 1a. Enter of I not applicable Option of the contractation comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 1b If a least one is reported on line 2a, did the organization life all required federal employment tax returns? 2b If a least one is reported on line 2a, did the organization life all required federal employment tax returns? 2c Interest of the organization have unrelated business gross income of \$1,000 or more during the year? 3c If the organization have unrelated business gross income of \$1,000 or more during the year? 3c If the organization have unrelated business gross income of \$1,000 or more during the year? 3d If the organization have unrelated business gross income of \$1,000 or more during the year? 3d As 4a Aray time during the calendar year, did the organization have an interest it, or a signature or other authority over, a financial account in a foreign country; clue has a shark account, securities account, or other financial accounts? 4d X 1b If "Yes," are the name of the foreign country; but have an interest it, or a signature or other authority over, a financial account in a foreign country; clue has a shark account, securities account, or other financial accounts (FBAR). 5d Was the organization a party to a prohibited tax shelter transaction? 5d If "Yes," are the name of the foreign country; but have a shark account, securities account, or other financial accounts (FBAR). 5d Was the organization and party to a prohibited tax shelter transaction? 5d If If Yes, "to the organization file Form 8886.T" 5d Did any carried party organization file Form 8886.T" 5d Did any carried party organization file Form 8886.T" 5d Did the organization file with a constant size of the party organization file for the organization file form 8886.T" 5d Did the organization rel					Yes	No
b Enter the number of Forms W26 included in line 1a, Enter of Pin not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 If It all least one is reported on line 2a, did the organization file all required devial employment tax returns? 5 If It all least one is reported on line 2a, did the organization file all required devial employment tax returns? 5 If It was a filed a form 9601 Tor this year? W17, by * ton no. 8p, provide an explanation in Schedule O 5 If Yea, 1 and 1 a	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 12			
gambling) winnings to prize winners? a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines is and and 2 is greater than 250, you may be required to e-/file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Larry time during the calendar year, did the organization in Work 1000 or more during the year? 3a Larry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Larry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5b Was the organization appray to a prohibited tax shelter transaction at any time during the tax year? 5c Larry (11 **Yea,**) and the organization that it was or is a party to a prohibited tax shelter transaction? 5c Larry (11 **Yea,**) and the organization that it was or is a party to a prohibited tax shelter transaction any contributions that were not tax deductibles of Enm 8886.7 to a statistic contributions? 5c Larry (11 **Yea,**) and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5c Larry (11 **Yea,**) and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5c Larry (11 **Yea,**) and the organization make a payment in excess of	b		1b 0			
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, for the calendary are anding with or within the year covered by this return. The provided of the calendary are anding with or within the year covered by this return.	С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	oortable gaming			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this return. 1b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unreated business gross income of \$1,000 or more during the year? 3a A Tarny time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A Tarny time the name of the foreign country. 5b If Yes, "the line the harmed for the foreign country (such as a bank account, securities account, or other financial account)? 5b Was the organization have interest in or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization a party to a prohibited tax shelter transaction? 5c If Yes, "to line Sa or Sb, did the organization file Form 8888 17 6c If Yes," to line Sa or Sb, did the organization file Form 8888 17 6d Does the organization have amulal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c If Yes," if old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c If If Yes," if our than any receive deductible contributions under section 170(c). 8d If Yes, "and the array receive deductible contributions under section 170(c). 9d If Yes, "and class the number of Forms \$282 fi		(gambling) winnings to prize winners?		1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary year, did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxoble party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxoble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c C If *Yes,** to line 5a or 5b, did the organization file Form 88861? 6a Does the organization has a manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions? 6b Diff *Yes,** did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Torganizations that many receive deductible contributions under section 170(c). 8c Did the organization necelve apyment in excess of \$75 made party as conflibition and party for goods and services provided to the payor? 7c Did the organization receive a contribution of promessed system and party for goods and services provided to the payor? 7d Did the organization receive a contribution of promessed property of which it was required to life form \$8.000 promessed property for which it was required to life form \$8.000 promessed property fo	2a					
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 280, you may be required to re-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Sa X 3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a X 5b If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization have the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b Was the organization for the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b Was the organization fore the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line \$3 or \$5, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line \$3 or \$5, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If If "Yes," to line \$3 or \$5, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If Yes, "to line \$4 organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c If Yes, "to line \$4 organization netwith a contribution of organization and party line organization shall express the contribution of organization and party line organization and party line organization and party line organization receive a payment in excess of \$75 made party as a		filed for the calendar year ending with or within the year covered by this return	2a 6			
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2 b	X	
b If "Yes," has it flied a Form 99.0-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ▶ b If "Yes," enter the name of the foreign country. ▶ Sae instructions for filing requirements for FincENF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes," to line 5a or 5b, did the organization file Form 888617 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educutible as charitable contributions? 6a Z Y 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bill the organization stall may receive deductible contributions under section 170(c). a bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7c If Yes," indicate the number of Forms 8282 filed during the year 7c If If Yes, indicate the number of Forms 8282 filed during the year 7d If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7d Total Possible organization neceived a contribution of cars, boats, anjaches, or other evidence, did the organization file Form 8899 as required? 7d Total Possible organization have excess business holdings at any time		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make at distribution to a donor, donor advisor, or related person? 9 b D D D D D D D D D D D D D D D D D D	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a X b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 10a	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the			
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a Initiation fees and capital contributions included on Part VIII, line 12	b			9b		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				4.6		v
	b	IT "Yes," nas it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	U		000	(0014

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х				
b								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
	KEN COELHO, ARMANINO LLP - 310.478.4148							
	11766 WILSHIRE BLVD, #900, LOS ANGELES, CA 90025-1586							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Lheck this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(i) LARRY RAUCH (T) LARRY RAUCH (A) MARK SHINBANE (B) MARK SHINBANE (A) MARK SHINBANE (B) MARK SHINBANE (C) MARK SHINBANE (B) MARK SHINBANE (C) MARK SHINBAN	(A) Name and Title	(B) Average hours per week	box	not c , unle cer ar	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
X		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization
California Cal		4.00	,,		,,					0	0
VICE CHAIR		1 2 00	A		A				0.	0.	0.
SECRETARY		2.00			٠.					0	0
X		1 00	Δ		Δ				0.	0.	0.
MATT KLEIN		1.00	X		x				0.	0.	0.
TREASURER		1.00									
1.00	TREASURER		Х		x				0.	0.	0.
DIRECTOR	(5) JAMES BARICH	1.00									
DIRECTOR X	DIRECTOR		Х						0.	0.	0.
Column	(6) DILIP BHAVNANI	1.00									
DIRECTOR X	DIRECTOR		Х						0.	0.	0.
(8) HOWARD KLEIN 4.00 DIRECTOR X (9) BOB SMILAND 1.00 DIRECTOR X (10) MICHAEL TANSEY 1.00 DIRECTOR X (11) RAQUEL K. BEARD 40.00 EXECUTIVE DIRECTOR X (12) ESTELA LOPEZ 40.00	(7) RICHARD GARDNER	1.00									
DIRECTOR X 0. 0. 0. 0. 0. 0. 0.	DIRECTOR		Х						0.	0.	0.
(9) BOB SMILAND 1.00 DIRECTOR X (10) MICHAEL TANSEY 1.00 DIRECTOR X (11) RAQUEL K. BEARD 40.00 EXECUTIVE DIRECTOR X (12) ESTELA LOPEZ 40.00	(8) HOWARD KLEIN	4.00									
DIRECTOR X 0. 0. 0. 0. 0. 0. 0.	DIRECTOR		Х						0.	0.	0.
Column C	(9) BOB SMILAND	1.00									
DIRECTOR X 0. 0. C	DIRECTOR		Х						0.	0.	0.
(11) RAQUEL K. BEARD 40.00 EXECUTIVE DIRECTOR X 115,000. 0. (12) ESTELA LOPEZ 40.00 0. 0.	(10) MICHAEL TANSEY	1.00							_	_	_
EXECUTIVE DIRECTOR X 115,000. 0. (12) ESTELA LOPEZ 40.00			Х						0.	0.	0.
(12) ESTELA LOPEZ 40.00		40.00							44 - 66		
		1			X				115,000.	0.	0.
FORMER EXECUTIVE DIRECTOR X 2,266. U. 1,808		40.00			l				0.066	•	1 000
	FORMER EXECUTIVE DIRECTOR				X				2,266.	0.	1,808.
			1								
			1								
			L								

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do not c) a than	one	Reportable	Reportable)	Es	stimate	ed
		hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	on	an	nount	of
		week	\vdash	cer an	ia a a	irecto	or/trus	itee)	from	from relate			other	
		(list any hours for	recto						the	organization			pensa	
		related	or di	99			sated		organization	(W-2/1099-MI	SC)		rom the	
		organizations	nstee.	trust		96	ubeu		(W-2/1099-MISC)				anizat d relat	
		below	dual t	tiona	L	nploy	st cor	_					anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3-		
							-							
	Sub total								117,266.		0.		1,8	08.
	Sub-total Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								117,266.		0.		1,8	
2	Total number of individuals (including but n								<u> </u>),000 of reportab			_, -	
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su	ım of reportab												
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sch	edul	e J t	for such individual			4		Х
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	y uni	relat	ted organization or indiv	idual for services	ŝ			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5		Х
Sec	ction B. Independent Contractors													
1	Complete this table for your five highest co		-								npens	ation 1	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ıthir I		year.				
	(A) Name and business	address							(B) Description of s	services	0)) eamo	C) nsatio	n
IIN	IVERSAL SECURITY SOLUT							\dashv	200011011011011		$\vdash \vdash$	3pc		••

(A)	(B)	(C)
Name and business address	Description of services	Compensation
UNIVERSAL SECURITY SOLUTIONS		
P.O. BOX 101034, PASADENA, CA 91189	SECURITY	595,585.
UNIVERSAL BUILDING MAINTENANCE		
P.O. BOX 101032, PASADENA, CA 91189	MAINTENANCE	351,377.
KINDEL GAGAN, INC., 550 SOUTH HOPE STREET,		
#530, LOS ANGELES, CA 90071	CONSULTING	180,430.
CHRYSALIS, 522 SOUTH MAIN STREET, LOS		
ANGELES, CA 90013	MAINTENANCE	131,611.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

	_			EAST ASS	OCIATION		95-4001	.717 Page 9
Pai	rt VII							
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Related organizations Government grants (contribut All other contributions, gifts, gransimilar amounts not included above	1b 1c 1d ions) 1e 1s, and 1a-1f: \$	5,000.	24,000.			
Program Service Revenue	2 a b c	ASSESSMENT REVE	NUE	Business Code	1,973,488.	1,973,488.		
Pro	e f	All other program service reve			1,973,488.			
Other Revenue	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, intere	est, and	4,552.			4,552.
	6 a b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities	(ii) Other				
	8 a	Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses	g events (not of 1c). See a					
	9 a	Net income or (loss) from func Gross income from gaming ac Part IV, line 19 Less: direct expenses	tivities. See					
	10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns a					
	С	Net income or (loss) from sale Miscellaneous Revenu	s of inventory					
	11 a b c							

2,002,040.1,973,488.

432009 11-07-14 e Total. Add lines 11a-11d

Total revenue. See instructions.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 119,074 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 196,552. Other salaries and wages _____ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,990. Other employee benefits 9 27,114. Payroll taxes 10 Fees for services (non-employees): Management 5,000. Legal 86,023. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 13,947 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 35,237. Office expenses 13 Information technology 14 Royalties 15 70,744. 16 Occupancy 118. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 321. Interest 20 Payments to affiliates _____ 21 27,628. Depreciation, depletion, and amortization 22 47,842. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 584,949. SECURITY CONTRACT MAINTENANCE CONTRACT 263,785 MAINTENANCE EXPENSES 261,628. ECONOMIC DEVELOPMENT 120,621. 320,005 SEE SCH O e All other expenses 2,185,578. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

<u>Pa</u> r	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	122,332.	1	95,649.		
	2	Savings and temporary cash investments			222,824.	2	167,882
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		111,396.	4	97,826	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
2		employees' beneficiary organizations (see instr).	. Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			32,055.	9	7,558
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	363,129.			
	b	Less: accumulated depreciation		351,545.	39,401.	10c	11,584
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		33,602.	15	10,730	
	16	Total assets. Add lines 1 through 15 (must equ			561,610.	16	391,229
	17	Accounts payable and accrued expenses			73,381.	17	86,538
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ខ្ល	22	Loans and other payables to current and former	r officers	s, directors, trustees,			
		key employees, highest compensated employee					
<u> </u>		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D			E2 201	25	06 500
_	26	Total liabilities. Add lines 17 through 25			73,381.	26	86,538
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 an			400 000		204 601
au	27	Unrestricted net assets			488,229.	27	304,691
Dal	28	Temporarily restricted net assets				28	
₽	29					29	
2		Organizations that do not follow SFAS 117 (A					
ַ כֿ		and complete lines 30 through 34.					
מַ	30	Capital stock or trust principal, or current funds		30			
É	31	Paid-in or capital surplus, or land, building, or ed		_		31	
ן נַן	32	Retained earnings, endowment, accumulated in			400 000	32	204 604
-	33	Total net assets or fund balances	ı	488,229.	33	304,691	
	34	Total liabilities and net assets/fund balances			561,610.	34	391,229

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		2,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	2,18		
3	Revenue less expenses. Subtract line 2 from line 1	3			38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48	8,2	229.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	30	4,6	91.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	_	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

Employer identification number

CENTRAL CITY EAST ASSOCIATION

95-4001717

Organization type (check one):					
Filers of	:	Section:			
Form 990	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(6) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 990)-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
X	For an organization property) from any	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Hules				
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.			
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the cions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.			
	year, contributions is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year			
but it mu	ı st answer "No" on l	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization Employer identification number

CENTRAL CITY EAST ASSOCIATION 95-4001717

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	DEPARTMENT OF WATER AND POWER P.O. BOX 51111 LOS ANGELES, CA 90051	\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

CENTRAL CITY EAST ASSOCIATION

95-4001717

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Name of orga	anization			Employer identification numbe	er
C E NIMD X	L CITY EAST ASSOCIATIO	NT.		95-4001717	
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations describ	ed in section	501(c)(7), (8), or (10) that total more than \$1,000 try. For organizations	0 for
	the year from any one contributor. Complete (completing Part III, enter the total of exclusively religious)	:Olumns (a) through (e) and the to s, charitable, etc., contributions of \$1,00	OllOWING IINE EN O or less for the y	ITY. For organizations ear. (Enter this info. once.) \$	
/) NI	Use duplicate copies of Part III if addition			(
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
			-		
		(e) Transfer of	gift -		
		(c) Transier of	giit		
_	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee	
()))					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
			-		
		(e) Transfer of	gift		
_	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
			-		
			-		
		(e) Transfer of	gift		
	Transferee's name, address, ar	nd ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
			-		
			—— -		
					_
		(e) Transfer of	gift		
	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CENTRAL CITY EAST ASSOCIATION

Employer identification number 95 - 4001717

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		ed funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	· · · · · · · · · · · · · · · · · · ·	,
	Preservation of land for public use (e.g., recreation or e	`	rically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		
	,,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	- · · · · · · · · · · · · · · · · · · ·		A 1
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register	•	
3	Number of conservation easements modified, transferred, rel		
	year▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	: holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	uring the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(l	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	he organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	· · · · · · · · · · · · · · · · · · ·	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheran	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treatment		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2014

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Other

b

(check all that apply): ☐ Public exhibition

Scholarly research

☐ Preservation for future generations

reported an amount on Form 990, Part X, line 21.

1a	Is the organization an agent, trustee, custod	an or other intermed	iary for contribution	ons or other assets	s not included			
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	lowing table:					
						Amoun	t	
С	Beginning balance				1c			
	Additions during the year							
е	Distributions during the year							
f	Ending balance						,	
2a	Did the organization include an amount on F					Yes		No
	If "Yes," explain the arrangement in Part XIII.]
_	t V Endowment Funds. Complete i							
		(a) Current year	(b) Prior year	(c) Two years ba		k (e) Fou	r vears l	back
1a	Beginning of year balance	(, ,	()	(-)	(-7)	1 -7		
	Contributions						-	
c	Net investment earnings, gains, and losses					_		
d	Grants or scholarships					+		
	Other expenditures for facilities					+		
·	. '							
f	and programs Administrative expenses					+		
g						+		
2	End of year balance Provide the estimated percentage of the current.	ront year and balanc	o (lino 1 a column	(a)) hold as:				
a	Board designated or quasi-endowment	•	e (iii le 19, colui i ii i	(a)) Held as.				
b	Permanent endowment	%						
	Temporarily restricted endowment							
C								
2-	The percentages in lines 2a, 2b, and 2c should be the percentages in lines 2a, 2b, and 2c should be the percentages in lines 2a, 2b, and 2c should be the percentages in lines 2a, 2b, and 2c should be the percentages in lines 2a, 2b, and 2c should be the percentages in lines 2a, 2b, and 2c should be the percentages in lines 2a, 2b, and 2c should be the percentages in lines 2a, 2b, and 2c should be the percentages in lines 2a, 2b, and 2c should be the percentages in lines 2a, 2b, and 2c should be the percentages in lines 2a, 2b, and 2c should be the percentages in lines 2a, 2b, and 2c should be the percentages in lines 2a, 2b, and 2c should be the percentages in lines 2a, 2b, and 2c should be the percentages and a percentage and	•	ation that are hold	and administered	for the examination			
Зa	Are there endowment funds not in the posse	ssion of the organiza	ation that are neid	and administered	for the organization	1	V	NI-
	by:					0-(1)	Yes	No
	(i) unrelated organizations							
	(ii) related organizations					3a(ii)	\vdash	
b	If "Yes" to 3a(ii), are the related organizations					3b	Ш	
<u>4</u>	Describe in Part XIII the intended uses of the		wment funds.					
Pa	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	1	i i	i i				
	Description of property	(a) Cost or of	1 ' '		(c) Accumulated	(d) Boo	k value	9
		basis (investn	nent) basis	s (other)	depreciation			
	Land							
	Buildings							
С	Leasehold improvements			0.5 601	206 226		<u>~ -</u> .	
d	Equipment			96,691.	286,936.		9,75	
	Other			66,438.	64,609.		1,82	
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)		1	1,58	84.
					Schedu	ıle D (Forr	n 990)	2014

Schedule D (Form 990) 2014 CENTRAL CIT	Y EAST ASSOC	IATION	95-4001717 _{Pa}
Part VII Investments - Other Securities.			33 1001/1/ Ta
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	. F. 000 B . IV.	44 O E 000 D	1.74 % 40
Complete if the organization answered "Yes" (a) Description of investment	to Form 990, Part IV, line (b) Book value		art X, line 13. luation: Cost or end-of-year market value
	(b) DOOK Value	(C) Method of Va	idation. Cost of end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Col. (b) must equal Form 000, Port V. col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 900 Part IV line	11d Soo Form 000 D	art V lino 15
	Description	5 11d. 3ee 1 0iiii 990, F	(b) Book value
.,	Becomplien		(b) Book value
(1)			
(2)			
(3)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		-
Part X Other Liabilities.	0 10.9		
Complete if the organization answered "Yes"	to Form 990. Part IV. line	e 11e or 11f. See Form	990. Part X. line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		.,	
(2)			
(3)			
(4)			
(5)			
(6)			
\-/			

Schedule D (Form 990) 2014

(8)

Pa	rt XI Reconciliation of Revenue per Audited Financial	Statements With Revenu	ıe per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	;	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Pa	rt XII Reconciliation of Expenses per Audited Financia	Statements With Expen	ses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV	/, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	0.1			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Other (Describe in Part XIII.) Add lines 4a and 4b	<u>'</u>	4c	
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1)			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.	ne 18.)	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	t XI,

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

CENTRAL CITY EAST ASSOCIATION

Employer identification number 95-4001717

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any page listed in Farm 000 Part VIII Continue A line to with respect to the filling			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	4a		х
	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The foot to dry of miles fa o, not the persons and provide the appropriate arrivante for each term in fact in			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) RAQUEL K. BEARD	(i)	105,000.	10,000.	0.	0.	0.	115,000.	0.
	(ii)	0.	0.	0.	0.	0.		
	(i)	2,266.	0.	0.	0.	1,808.		0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii) [
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i) L							
	(ii)							
	(i) L							
	(ii)							
	(i) L							
((ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CENTRAL CITY EAST ASSOCIATION

Employer identification number 95-4001717

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ASSESSMENTS ON PROPERTY TAXES AND PROVIDE SERVICES SUCH AS PRIVATE SECURITY PATROLS, SIDEWALK MAINTENANCE, STRATEGIC ECONOMIC DEVELOPMENT SUPPORT AND ADVOCACY. THESE ACTIVITIES ARE SUPPLEMENTAL TO GOVERNMENT SERVICES AND ADDRESS NEEDS THAT EXTEND BEYOND WHAT MUNICIPAL GOVERNMENT CAN PROVIDE.

FORM 990, PART VI, SECTION A, LINE 2:

MATT KLEIN AND HOWARD KLEIN HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION'S ACCOUNTING FIRM PREPARES THE FORM 990. A DRAFT OF THE FORM 990 IS GIVEN TO THE ORGANIZATION'S EXECUTIVE DIRECTOR TO REVIEW FOR COMPLETENESS AND ACCURACY. AN APPROVAL FROM THE EXECUTIVE DIRECTOR IS NEEDED FOR THE ACCOUNTING FIRM TO PROCESS THE FINAL VERSION OF THE FORM 990. THE ACCOUNTING FIRM SENDS THE FINAL VERSION OF THE FORM 990 TO THE EXECUTIVE DIRECTOR FOR FINAL REVIEW AND SIGNATURE.

FORM 990, PART VI, SECTION B, LINE 12C:

WHERE A BOARD MEMBER IS AWARE OF A POTENTIAL CONFLICT OF INTEREST, HE/SHE IS REQUIRED TO ADVISE OTHER FELLOW BOARD MEMBERS OF THE DETAILS OF SUCH CONFLICT. THE INTERESTED BOARD MEMBER WILL ABSTAIN FROM DISCUSSION ON THE SUBJECT TRANSACTION, EXCEPT AS NEEDED TO RESPOND TO FACTUAL INQUIRIES SO AN INFORMED DECISION CAN BE MADE, AND ABSTAIN FROM VOTING ON SUCH TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization CENTRAL CITY EAST ASSOCIATION	Employer identification number 95-4001717
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSAT	ION OF THE
EXECUTIVE DIRECTOR, TOP MANAGEMENT AND KEY EMPLOYEES ON A	N ANNUAL BASIS.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION REVIEWS AND CONSIDERS ALL REQUESTS BUT W	TILL MAKE ITS
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO	THE PUBLIC ON A
CASE-BY-CASE BASIS.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	S:
SECURITY EXPENSES	100,248.
CONTINGENCY-LEGAL	91,341.
ADMINISTRATIVE EXPENSES	79,067.
CITY FEES	40,167.
MISCELLANEOUS EXPENSES	9,182.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 320,005.

Asset No.	Description	Date Acqui		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES												
	FURNITURE AND												
		05 31	0.5	SL	5.00	16	11,068.			11,068.	11,068.		0.
	FURNITURE AND FIXTURE	0315	0 6	SL	5.00	16	1,697.			1,697.	1,697.		0.
	FURNITURE AND												
	FIXTURE FURNITURE AND	0330	06	SL	5.00	16	1,113.			1,113.	1,113.		0.
		0227	06	SL	5.00	16	1,256.			1,256.	1,256.		0.
	FURNITURE AND												
_	FIXTURE FURNITURE AND	0202	207	SL	5.00	16	1,277.			1,277.	1,277.		0.
		0329	10	SL	7.00	16	5,691.			5,691.	3,049.		813.
	* 990 PAGE 10 TOTAL								•	00.400			24.2
	FURNITURE & FIXTUR MACHINERY &						22,102.		0.	22,102.	19,460.	0.	813.
	EQUIPMENT												
5	EQUIPMENT	0404	01	SL	5.00	16	1,458.			1,458.	1,458.		0.
9	COMPUTER	1231	.02	SL	5.00	16	576.			576.	576.		0.
10	EQUIPMENT	0201	03	SL	5.00	16	3,000.			3,000.	3,000.		0.
11	EQUIPMENT	0301	03	SL	5.00	16	333.			333.	333.		0.
14	COMPUTER EQUIPMENT	1229	04	SL	5.00	16	7,904.			7,904.	7,904.		0.
15	COMPUTER EQUIPMENT	0415	0.5	QT.	5.00	16	17,807.			17,807.	17,807.		0.
	MAINTENANCE	912		ы	3.00	10	17,007•			17,007.	17,007•		0.
28	EQUIPMENT	0703	06	SL	5.00	16	10,825.			10,825.	10,825.		0.
29	SECURITY CAMERAS	0301	06	SL	5.00	16	34,915.			34,915.	34,915.		0.
30	SECURITY CAMERAS	0630	06	SL	5.00	16	42,807.			42,807.	39,505.		0.

428102 05-01-14

⁽D) - Asset disposed

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
31	SECURITY CAMERAS	07010	SL	5.00	16	17,865.			17,865.	17,865.		0.
32	SECURITY CAMERAS	07280	SL	5.00	16	10,000.			10,000.	10,000.		0.
33	SECURITY CAMERAS	09010	SL	5.00	16	14,000.			14,000.	14,000.		0.
34	SECURITY CAMERAS	100100	SL	5.00	16	20,414.			20,414.	20,414.		0.
36	EQUIPMENT	04300	7SL	5.00	16	19,543.			19,543.	19,543.		0.
37	SECURITY CAMERAS	03050	7SL	5.00	16	2,613.			2,613.	2,613.		0.
39	COMPUTER	07010	7SL	5.00	16	6,457.			6,457.	6,457.		0.
50	COMPUTER EQUIPME	т 121009	SL	5.00	16	2,781.			2,781.	2,270.		511.
51	COMPUTER EQUIPME	т 122109	SL	5.00	16	2,975.			2,975.	2,380.		595.
65	COMPUTER EQUIPME	r 01111	SL	5.00	16	812.			812.	648.		164.
66	COMPUTER EQUIPME	T 01181	SL	5.00	16	3,829.			3,829.	3,000.		766.
68	COMPUTER EQUIPME	т 061410	SL	5.00	16	602.			602.	430.		120.
69	COMPUTER EQUIPME	т 04121	SL	5.00	16	5,606.			5,606.	4,204.		1,121.
72	COMPUTER EQUIPME	т 01231:	3SL	5.00	16	4,412.			4,412.	809.		882.
73	COMPUTER EQUIPME		3SL	5.00	16	18,119.			18,119.	3,322.		14,797.
	* 990 PAGE 10 TO MACHINERY & EQUI: TRANSPORTATION EQUIPMENT					249,653.		0.	249,653.	224,278.	0.	18,956.
	AUTO (FORD F-150	08170	5200DE	5.00	21	25,571.			25,571.	20,560.		1,675.

428102 05-01-14

⁽D) - Asset disposed

Asset No.	Description	Date Acqui		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
70			12	200DB	5.00	17	21,467.		10,734.	10,733.	4,549.		6,184.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU						47,038.		10,734.	36,304.	25,109.	0.	7,859.
	OTHER												
13	LEASEHOLD IMPROVEMENTS LEASEHOLD	1222	0 4	SL	5.00	16	7,176.			7,176.	7,176.		0.
23		0501	05	SL	5.00	16	17,169.			17,169.	17,169.		0.
35		0219	07	SL	3.00	16	2,599.			2,599.	2,599.		0.
38		0701	07	SL	3.00	16	16,675.			16,675.	16,675.		0.
62		0329	10	SL	3.00	16	717.			717.	717.		0.
	OTHER * GRAND TOTAL 990						44,336.		0.	44,336.	44,336.	0.	0.
	PAGE 10 DEPR						363,129.		10,734.	352,395.	313,183.	0.	27,628.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **179**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

990

Identifying number

CEI	NTRAL CITY EAST ASSO	CIATION		FOF	RM 990	PA	GE 10		95-4001717
Pa	rt Election To Expense Certain Prope	rty Under Section 1	79 Note: If yo	u have any lis	sted prope	ty, cor	mplete Part	V before y	ou complete Part I.
1 1	Maximum amount (see instructions)							1	500,000.
2	otal cost of section 179 property place	ed in service (see	instructions)					2	
3	hreshold cost of section 179 property	before reduction	in limitation					3	2,000,000.
4 F	Reduction in limitation. Subtract line 3 t	from line 2. If zero	or less, ente	er -0				4	
5 [Oollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter	-0 If married fili	ng separately, se	e instructions			5	
6	(a) Description of pro	operty		(b) Cost (busin	ness use only)		(c) Elected	cost	
		" 00							
	isted property. Enter the amount from								
	Total elected cost of section 179 prope								
	entative deduction. Enter the smaller Carryover of disallowed deduction from								
	Business income limitation. Enter the s								
	Section 179 expense deduction. Add li								
	Carryover of disallowed deduction to 20							12	
	: Do not use Part II or Part III below for								
Pa	rt II Special Depreciation Allowa	nce and Other D	epreciation	(Do not inclu	ıde listed p	roperty	y.)		
14 5	Special depreciation allowance for qua	lified property (ot	ner than liste	d property) p	laced in se	rvice d	luring		
t	he tax year							14	
15 F	Property subject to section 168(f)(1) ele	ection						15	
								16	19,769.
Pa	rt III MACRS Depreciation (Do no	t include listed p			.)				
			Se	ction A					
									C 104
	MACRS deductions for assets placed in							17	6,184.
	you are electing to group any assets placed in serv	rice during the tax year	into one or more	general asset acc	counts, check I	nere	<u></u> ▶ □		-
		Placed in Service	into one or more e During 20	general asset acc 14 Tax Year	Using the	nere Gener	<u></u> ▶ □		-
	you are electing to group any assets placed in serv	rice during the tax year	ce During 20 (c) Basis for (business/ir	general asset acc	counts, check I	Gener	<u></u> ▶ □		-
18	you are electing to group any assets placed in serv Section B - Assets (a) Classification of property	Placed in Servic (b) Month and year placed	ce During 20 (c) Basis for (business/ir	general asset acc 14 Tax Year depreciation evestment use	Using the	Gener	al Deprecia	tion Syst	em
18 h	you are electing to group any assets placed in serv Section B - Assets (a) Classification of property 3-year property	Placed in Servic (b) Month and year placed	ce During 20 (c) Basis for (business/ir	general asset acc 14 Tax Year depreciation evestment use	Using the	Gener	al Deprecia	tion Syst	em
18 h	you are electing to group any assets placed in services Section B - Assets (a) Classification of property 3-year property 5-year property	Placed in Servic (b) Month and year placed	ce During 20 (c) Basis for (business/ir	general asset acc 14 Tax Year depreciation evestment use	Using the	Gener	al Deprecia	tion Syst	em
18 h	you are electing to group any assets placed in services. Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property	Placed in Servic (b) Month and year placed	ce During 20 (c) Basis for (business/ir	general asset acc 14 Tax Year depreciation evestment use	Using the	Gener	al Deprecia	tion Syst	em
18 h	you are electing to group any assets placed in services Section B - Assets (a) Classification of property 3-year property 5-year property	Placed in Servic (b) Month and year placed	ce During 20 (c) Basis for (business/ir	general asset acc 14 Tax Year depreciation evestment use	Using the	Gener	al Deprecia	tion Syst	em
18 h	you are electing to group any assets placed in serv. Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property	Placed in Servic (b) Month and year placed	ce During 20 (c) Basis for (business/ir	general asset acc 14 Tax Year depreciation evestment use	Using the	Gener	al Deprecia	tion Syst	em
19a b c d	you are electing to group any assets placed in serv. Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	Placed in Servic (b) Month and year placed	ce During 20 (c) Basis for (business/ir	general asset acc 14 Tax Year depreciation evestment use	Using the	Gener very	al Deprecia	tion Syst	em
19a b c d e f g	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	Placed in Servic (b) Month and year placed	ce During 20 (c) Basis for (business/ir	general asset acc 14 Tax Year depreciation evestment use	Using the (d) Recorperior	Gener very	al Deprecia	tion Syst	em
19a b c d e	you are electing to group any assets placed in serv Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	Placed in Servic (b) Month and year placed	ce During 20 (c) Basis for (business/ir	general asset acc 14 Tax Year depreciation evestment use	Counts, check I Using the (d) Recorperion	Gener very	ral Deprecia (e) Convention	(f) Method	em
19a b c d e f g	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	Placed in Servic (b) Month and year placed	ce During 20 (c) Basis for (business/ir	general asset acc 14 Tax Year depreciation evestment use	Using the (d) Record period	Gener very d Ss. rs.	ral Deprecia (e) Convention	stion Syst (f) Method S/L S/L	em
19a b c d e f g	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property	rice during the tax year Placed in Servic (b) Month and year placed in service // // // //	into one or more ee During 20 (c) Basis for (business/ir only - see	general asset acc 14 Tax Year depreciation vestment use instructions)	25 yr: 27.5 y 39 yr:	S. rs. rs. S.	MM MM MM MM	S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
19a b c d e f g h	you are electing to group any assets placed in serv Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P	rice during the tax year Placed in Servic (b) Month and year placed in service // // // //	into one or more ee During 20 (c) Basis for (business/ir only - see	general asset acc 14 Tax Year depreciation vestment use instructions)	25 yr: 27.5 y 39 yr:	S. rs. rs. S.	MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
19a b c d e f g h i 20a	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P	rice during the tax year Placed in Servic (b) Month and year placed in service // // // //	into one or more ee During 20 (c) Basis for (business/ir only - see	general asset acc 14 Tax Year depreciation vestment use instructions)	25 yr: 27.5 y 39 yr:	S. rs. rs. lterna	MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
19a b c d e f g h i 20a b	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year	// / / / / / / / / / / / / / / / / / /	into one or more ee During 20 (c) Basis for (business/ir only - see	general asset acc 14 Tax Year depreciation vestment use instructions)	25 yr: 27.5 y 39 yr: sing the A	S. rs. rs. s. lterna	MM	S/L	em (g) Depreciation deduction
19a b c d e f g h i 20a b c	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 40-year	rice during the tax year Placed in Servic (b) Month and year placed in service // // // //	into one or more ee During 20 (c) Basis for (business/ir only - see	general asset acc 14 Tax Year depreciation vestment use instructions)	25 yr: 27.5 y 39 yr:	S. rs. rs. s. lterna	MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
19a b c d e f g h i 20a b c Pa	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 40-year	// // // // // // // // // // // // //	into one or more ee During 20 (c) Basis for (business/ir only - see	general asset acc 14 Tax Year depreciation vestment use instructions)	25 yrs 27.5 y 39 yrs 40 yrs	S. rs. rs. lterna	MM	S/L	em (g) Depreciation deduction
19a b c d e f g h i c Pa 21 l	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 40-year Summary (See instructions.)	// // // // // // // // // // // // //	into one or more ee During 20 (c) Basis for (business/ir only - see	general asset acc 14 Tax Year depreciation vestment use instructions)	25 yrs 27.5 y 27.5 y 39 yrs 12 yrs 40 yrs	S. rs. rs. s. lterna	MM	S/L	em (g) Depreciation deduction
19a b c d e f g h c c Pa 21 1 22 1	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 40-year Tt IV Summary (See instructions.) Listed property. Enter amount from lines Fotal. Add amounts from line 12, lines	// // // // // // // // // // // // //	into one or more ee During 20 (c) Basis for (business/ir only - see During 2014 During 2014	general asset acc 14 Tax Year depreciation vestment use instructions) 1 Tax Year U 1 in column (g	25 yrs 27.5 y 27.5 y 39 yrs 40 yrs 40 yrs	s. rs. rs. s. literna s. s. s. 21.	MM	S/L	em (g) Depreciation deduction
19a b c d e f g h c C Pa 20a E 21 22 1 22 1	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 40-year Summary (See instructions.)	// // // // // // // // // // // // //	into one or more te During 20 (c) Basis for (business/ir only - see During 2014 During 2014 des 19 and 20 artnerships a	general asset acc 14 Tax Year depreciation vestment use instructions) 14 Tax Year U 14 Tax Year U 15 in column (g 16 nd S corpora	25 yrs 27.5 y 27.5 y 39 yrs 40 yrs 40 yrs	s. rs. rs. s. literna s. s. s. 21.	MM	S/L	em (g) Depreciation deduction stem 1,675.
19a b c d e f g h i 20a b c Pa 21 I E 23 F	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 40-year TIV Summary (See instructions.) Listed property. Enter amount from lines for assets shown above and placed in portion of the basis attributable to sect	// / / / / / / / / / / / / / / / / / /	into one or more te During 20 (c) Basis for (business/ir only - see During 2014 During 2014 Less 19 and 20 artnerships are current years.	general asset acc 14 Tax Year depreciation vestment use instructions) 1 Tax Year U 1 Tax Year U 2 in column (g nd S corpora r, enter the	25 yr: 27.5 y 27.5 y 39 yr: 40 yr: 40 yr:	S. rs. rs. s. lterna s. s. s. linstr.	MM	S/L	em (g) Depreciation deduction stem 1,675.

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, Part V recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a)

	through (c) of S	Section A, all	of Section B, ar	nd Section C if app	olicable.			·y		
	Section A -	Depreciati	on and Other In	formation (Caution	on: See the instruc	tions for li	mits for passen	ger automobiles.)	_	
24a	Do you have evidence to s	support the bu	siness/investment	use claimed?	Yes No	24b If "Y	es," is the evid	ence written? X	Yes No	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25	Special depreciation allo	owance for q	ualified listed pr	operty placed in s	ervice during the t	ax year an	d			
	used more than 50% in	a qualified b	usiness use				25			
26	Property used more tha	n 50% in a c	ualified busines	s use:		_				
AU	TO (FORD	1 1	%							
F-	150)	081705	100.00%	25,571.	25,571.	5.00	200DB-H	Y 1,675.		
		: :	%							
27	Property used 50% or le	ess in a qual	ified business us	se:						
		: :	%				S/L -			
		: :	%				S/L -			
		1 1	%				S/L -			
28	Add amounts in column	(h), lines 25	through 27. Ent	er here and on line	e 21, page 1		28	1,675.		
29	Add amounts in column	(i), line 26. E	nter here and o	n line 7, page 1				29		
	Section B - Information on Use of Vehicles									
Con	nplete this section for ve	hicles used	by a sole proprie	etor, partner, or ot	her "more than 5%	owner," o	or related perso	n. If you provided	l vehicles	
				_ ` ` `						

to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the	(a Veh	•	(k Veh	o) icle 1	(d Veh	•	(d Veh	•	(€ Veh	•	(1 Veh	f) iicle
year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement that employees?	it prohibits a	Il personal use of vehicles	, including commuti	ng, by your		Yes	No		
38	Do you maintain a written policy statement that	-			•					
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use?										
	40 Do you provide more than five vehicles to your employees, obtain information from your employees about									
	the use of the vehicles, and retain the informat	tion received	l?							
41	Do you meet the requirements concerning qua	alified autom	obile demonstration use?							
	Note: If your answer to 37, 38, 39, 40, or 41 is	"Yes," do no	ot complete Section B for t	he covered vehicles	-					
P	art VI Amortization									
	(a)	(b)	(c)	(d)	(e)		(f)			

Part VI Amortization (a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortizat period or pero		(f) Amortization for this year
42 Amortization of costs that begins during your	2014 tax yea	r:				
	1 1					
	1 1					
43 Amortization of costs that began before your	2014 tax yea	r			43	
44 Total. Add amounts in column (f). See the inst	tructions for v	where to report			44	

Form 4562 (2014) 416252 01-08-15

Form 886	8 (Rev. 1-2014)					Page 2	
If you a	are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check this	s box		X	
	ly complete Part II if you have already been granted an						
If you a	are filing for an Automatic 3-Month Extension, compl	ete only Pa	art I (on page 1).				
Part II	Additional (Not Automatic) 3-Month I	Extensio	n of Time. Only file the origin	al (no co	opies needec	l).	
			Enter filer's	identifyir	ng number, see	instructions	
Type or	Name of exempt organization or other filer, see instr	ructions.		Employe	r identification n	umber (EIN) or	
print					. ,		
File by the	CENTRAL CITY EAST ASSOCIATI	ON			717		
due date for filing your	Number, street, and room or suite no. If a P.O. box, 725 SOUTH CROCKER STREET	see instruc	tions.	Social se	curity number (S	SSN)	
return. See instructions.	City, town or post office, state, and ZIP code. For a	foreign add	dress, see instructions.				
	LOS ANGELES, CA 90021						
Enter the	Return code for the return that this application is for (fi	ile a separa	ate application for each return)			0 1	
		· 	I				
Applicati · –	on	Return	Application			Return	
Is For		Code	Is For			Code	
	or Form 990-EZ	01	5 4044.4				
Form 990		02	Form 1041-A			08	
	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990		04	Form 5227			10	
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	-T (trust other than above)	06	Form 8870			12	
STOP! Do	o not complete Part II if you were not already grante			ously file	ed Form 8868.		
• The bo	KEN COELHO, AR books are in the care of ▶ 11766 WILSHIRE			ES, C	A 90025-	1586	
	none No. ► 310.478.4148		Fax No. ▶				
	organization does not have an office or place of busines	ss in the Ur	nited States, check this box				
	is for a Group Return, enter the organization's four digit					p. check this	
box ▶ [If it is for part of the group, check this box ▶ □	\neg	ach a list with the names and EINs of				
			BER 15, 2015				
	calendar year 2014, or other tax year beginning		, and endin	a			
	ne tax year entered in line 5 is for less than 12 months,	check reas		Final r	eturn	·	
	Change in accounting period						
7 Sta	te in detail why you need the extension						
ΑI	DDITIONAL TIME REQUIRED TO G	ATHER	INFORMATION TO FI	LE A	COMPLETE	AND	
	CURATE RETURN.						
-							
-							
8a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	0 or 6069	enter the tentative tax less any				
	refundable credits. See instructions.	0, 0, 0000,	onto the tentative tax, less any	8a	\$	0.	
	nis application is for Forms 990-PF, 990-T, 4720, or 606	30 enter an	v refundable credits and estimated	Ju	<u> </u>		
	payments made. Include any prior year overpayment a	•	•				
	eviously with Form 8868.	anowou do t	a oroan and any amount paid	8b	\$	0.	
	ance due. Subtract line 8b from line 8a. Include your p	navment wit	th this form if required by using	100	Ψ		
	PS (Electronic Federal Tax Payment System). See inst	•	ar this form, if required, by using	8c	\$	0.	
Li			st be completed for Part II o		Ψ		
Under pena	alties of perjury, I declare that I have examined this form, inclu prrect, and complete, and that I am authorized to prepare this	iding accomp		-	f my knowledge ai	nd belief,	
•				D-:	_		
Signature	► Title ►	CFA		Date	•		
					Form 8868	3 (Rev. 1-2014)	